There is no specific "recovery" needed from psilocybin, as it is generally considered to be a relatively safe substance when used responsibly. However, some people may experience unpleasant side effects or emotional challenges during or after taking psilocybin. Here are some tips for managing these experiences:

*** **Stay hydrated:** Drink plenty of water before, during, and after your trip.**
*** **Eat something:** Have a light meal or snack beforehand to avoid nausea or dizziness.**
*** **Find a safe space:** Choose a comfortable and familiar environment where you feel relaxed and secure.**

* **Have a trusted friend with you:** A sober companion can provide support and reassurance if needed.
* **Breathe deeply:** If you start to feel anxious or overwhelmed, focus on your breath and take slow, deep breaths.
* **Remember that the effects are temporary:** The experience will eventually pass, even if it feels intense at the time.
* **Talk to someone:** If you're struggling with difficult emotions or thoughts after taking psilocybin, consider talking to a therapist or counselor.

If you have any underlying medical conditions or are taking medications, it's important to consult with a healthcare professional before using psilocybin.

Magic Mushrooms · Shrooms · Psilocybe cubensis · Caps · Chocolate · Truffles · Microdosing · Plant Medicine.

⚠ HARM REDUCTION RESOURCE — NOT MEDICAL ADVICE | Crisis: call 000 or text 13 11 14

PSILOCYBIN DOES NOT PRODUCE PHYSICAL DEPENDENCE OR WITHDRAWAL. THE CHALLENGES ARE PSYCHOLOGICAL.

The compendium names it precisely: Shrooms, Magic Mushrooms → Psilocybin. Active compound, not the packaging.

Een bericht voordat u begint.

The Recovery Kernel Compendium's precision vocabulary table names psilocybin with its own particular framing: 'Shrooms, Magic Mushrooms → Psilocybin. Active compound, not the packaging.' The distinction matters. The packaging — the mushroom body, the chocolates, the teas, the truffles — is a delivery mechanism. The active compound is psilocybin, which is dephosphorylated to psilocin in the body and gut, and psilocin is what activates the brain.

The LSD guide in this series covers the adjacent territory extensively — the 5-HT2A mechanism, default mode network suppression, ego dissolution, HPPD, integration failure, psychosis risk, and the natural porting architecture. Much of that guide applies here, because psilocybin and LSD are both classical serotonergic psychedelics acting on the same primary receptor. Read the LSD guide alongside this one.

What this guide addresses is what is distinct about psilocybin specifically. The differences are significant enough to warrant a separate guide: psilocybin is metabolized entirely differently from LSD (phosphatase enzymes, not CYP450 — no CYP2D6 involvement), produces a shorter and often more emotionally intense experience, has a richer and more specific cultural and indigenous tradition than LSD, is advancing through clinical trials for depression and other conditions at a pace that has outrun LSD, and has a distinct use pattern that includes the microdosing phenomenon — a sub-perceptual dose practice that has no direct LSD parallel in clinical discussion.

The compendium's LSD framework describes the universe opening through prefrontal inhibition. For psilocybin, the same mechanism produces the same opening — but the character of what enters is often more emotionally textured, more relational, and more specifically oriented to the person's own psychological content. The research finding that most consistently predicts psilocybin's therapeutic outcomes is the mystical experience score — a specific phenomenological state of oceanic boundlessness, sacredness, noetic quality, and positive affect that the research community has operationalized through validated scales. This dimension is unique to psilocybin in clinical research and is addressed directly in this guide.

Section 0 — Immediate Safety

⚠ THE ACUTE DANGERS OF PSILOCYBIN ARE PSYCHOLOGICAL, NOT PHYSIOLOGICAL. PSILOCYBIN ALONE DOES NOT PRODUCE RESPIRATORY DEPRESSION, CARDIAC EVENTS, OR OVERDOSE DEATH AT ANY DOSE DOCUMENTED IN THE LITERATURE. THE EMERGENCY IS BEHAVIORAL — DANGEROUS ACTIONS TAKEN DURING A DIFFICULT EXPERIENCE.

0.1 — The Difficult Experience Protocol.

A difficult psilocybin experience is not a medical emergency in most cases. The principles from the LSD guide apply entirely:

- Verander omgeving: ga naar een rustige, donkere, vertrouwde en veilige plek. Verminder alle zintuiglijke prikkels.
- Having a sober support person present: a calm, trusted companion is the most effective intervention for a challenging psilocybin experience. Their calmness is pharmacologically important – emotional states are keenly felt during psilocybin use.
- Do not resist the experience: the Jungian principle of psilocybin therapy applies — "surrender, don't fight it." Resistance intensifies difficult material. Acceptance — even of difficult content — allows the experience to move.
- Benzodiazepines, if needed: diazepam 10mg or lorazepam 1–2mg can significantly reduce the anxiety component without fully terminating the psilocybin experience. This is the pharmacological management option for severe anxiety during a session.
- Alerta el 000 solo si: la persona representa un peligro real para sí misma o para los demás, está experimentando una crisis psiquiátrica con pérdida del contacto con la realidad, o tiene una emergencia médica.

0. 2 — What Psilocybin Is NOT

*** Psilocybin is not a magic bullet for mental health conditions. It's one tool that may be helpful for some people, but it's not a cure-all.**
*** Psilocybin is not legal in all countries or states. It's important to check the laws in your area before using psilocybin.**
*** Psilocybin is not safe for everyone. People with certain medical conditions, such as schizophrenia or bipolar disorder, should not use psilocybin.**
*** Psilocybin is not a substitute for professional mental health care. If you're struggling with a mental health condition, it's important to seek help from a qualified therapist or psychiatrist.**
*** Psilocybin is not something to be taken lightly. It can have powerful effects on the mind and body, so it's important to use it responsibly and under the guidance of a trained professional.**

Here are some additional things to keep in mind about psilocybin:

*** It's important to set and setting when using psilocybin. This means creating a safe and comfortable environment where you can relax and focus on your experience.**
*** It's also important to have a trip sitter with you, especially if you're new to psilocybin. A trip sitter is someone who can help you stay grounded and safe during your experience.**
*** If you're using psilocybin for therapeutic purposes, it's important to work with a therapist or psychiatrist who is trained in psychedelic-assisted therapy.**

Remember, psilocybin is not a magic bullet, but it can be a powerful tool when used responsibly and under the guidance of a trained professional.

Psilocybin is frequently confused with other substances in the cultural conversation about psychedelics. Clarity prevents harm:

- Psilocybin does not cause respiratory depression (not an opioid receptor agonist).
- Psilocibina por sí sola no causa las emergencias cardíacas asociadas con los estimulantes.
- Psilocybin does not interact fatally with SSRIs through serotonin syndrome at standard doses — SSRIs primarily reduce psilocybin's effects by downregulating 5-HT2A receptors, not by producing dangerous serotonin excess (SSRIs are reuptake inhibitors, not releasers; the interaction with psilocybin is dampening rather than additive).
- Psilocybin does not cause physical withdrawal — stopping is not a medical event.

0. 3 — What Psilocybin CAN Cause That Requires Medical Attention

* **Severe anxiety or panic attacks**
* **Nausea and vomiting**
* **Hallucinations that are distressing or frightening**
* **Seizures**
* **Loss of consciousness**
* **Suicidal thoughts or actions**
* **Uncontrollable movements or tremors**
* **High blood pressure or heart rate**
* **Difficulty breathing**
* **Severe allergic reaction (hives, swelling, difficulty breathing)**

If you experience any of these symptoms after taking psilocybin, seek immediate medical attention. Medical help is not failure.

- Psicose em indivíduos suscetíveis (histórico pessoal ou familiar de esquizofrenia, transtorno esquizoafetivo, transtorno bipolar com características psicóticas) — a mesma contraindicação absoluta que para a LSD.
- HPPD (Hallucinogen Persisting Perception Disorder) — managed as per the LSD guide Section 4.
- Síndrome de serotonina (raro pero documentado con IMAOs, ciertos antidepresivos o tramadol: el agonismo 5-HT2A de la psilocibina combinado con la acumulación de serotonina por los IMAOs).

- Nausea and vomiting (common and usually not a serious medical issue, but there's a risk of aspiration if you vomit while sedated; use the recovery position).
- Identificación errónea de especies y toxicidad: las especies de hongos venenosos pueden confundirse con los hongos *Psilocybe*. La identificación incorrecta de *Amanita phalloides* (hongo tinta) puede ser potencialmente fatal. Si se sospecha de toxicidad por hongos (no efecto psicotrópico, sino malestar gastrointestinal grave o síntomas hepáticos): evaluación de emergencia.

0.4 — Harm Reduction for Active Use

- Verificación de especies: *Psilocybe cubensis* es la especie más comúnmente cultivada y la más segura de identificar. Las setas recolectadas en estado salvaje conllevan el riesgo de identificación errónea de la especie. Utilice setas cultivadas de fuentes conocidas siempre que sea posible.
- Reagens testen: Het Ehrlich-reagens wordt paars bij de aanwezigheid van indolalkaloïden, waaronder psilocybine. Tests die geen paarse kleur geven, suggereren dat psilocybine niet aanwezig is.
- Set and setting: The compendium identifies set and setting as the main factors determining the quality of psychedelic experiences. Mental state, intentions, and the physical environment significantly influence the experience. High-risk situations include: being alone, being in an unfamiliar or unsafe environment, experiencing a mental health crisis, or using substances that interact with psychedelics.
- Psicose: contraindicação para pessoas com histórico pessoal ou familiar de esquizofrenia, transtorno esquizoafetivo ou transtorno bipolar com psicose. Esta contraindicação é absoluta, independentemente da dose.

Section 1 — What Psilocybin Did to Your Brain.

THE CENTURION — The Same Receptor as LSD — Different Kinetics, Different Character, Different Cultural Roots.

Psilocybin is a naturally occurring tryptamine found in over 200 species of fungi. The active compound—psilocin (produced when psilocybin loses its phosphate group)—is a partial agonist at 5-HT2A serotonin receptors with high affinity. This is pharmacologically identical to LSD's primary mechanism.

What's different: the kinetics, the metabolism, the duration, the phenomenological character, and the historical and cultural context. Understanding each explains why psilocybin is not simply 'shorter LSD'.

1.1 — Psilocibina versus LSD: Las diferencias clínicas.

Variable	Psilocibina.	LSD (for comparison)
Principal compuesto activo.	Psilocin (after dephosphorylación de psilocibina).	LSD (lysergic acid diethylamide)
Metabolism.	Enzymas fosfatases no intestino e no fígado convertem rapidamente a psilocibina em psilocina. Não há envolvimento da enzima CYP450. Interações medicamentosas através das enzimas CYP2D6 ou CYP3A4 não são significativas para a própria psilocibina.	CYP3A4 (primary) and CYP2D6 (secondary) hepatic clearance. Multiple drug interactions through these pathways.
Duration	4–6 uur. De piek treedt op 1–2 uur na inname. Het herstel vindt meestal plaats binnen 6 uur. Aanzienlijk korter dan LSD voor dezelfde intensiteit van de ervaring.	8–12 hours. Much longer active window. The extended duration contributes to both the depth and the challenge of LSD experiences.
5-HT2A receptor kinetics.	Psilocin dissociates from the 5-HT2A receptor relatively quickly, which contributes to the shorter duration.	LSD heeft een uitzonderlijk langzame dissociatie van de 5-HT2A-receptor; de receptor blijft lang bezet, zelfs nadat het plasmaniveau van LSD is gedaald, wat verklaart hoe lang de effecten van LSD aanhouden en hoe langzaam ze verdwijnen.

Fenomenologisk karakter.	More emotionally intense than LSD at equivalent depths; more often described as relational (about people, connections, relationships); more likely to surface personal psychological content; more introspective. The Mazatec curandera María Sabina described the mushroom as a 'language' — psilocybin tends to speak in emotional and relational terms.	Somewhat more perceptual/visual than psilocybin at comparable doses; the 'vast significance' quality of the LSD experience is described more often in cosmic or abstract terms; can be more stimulating and less sedating than psilocybin.
Nausea.	Común, particularmente en los primeros 30 a 90 minutos después de la ingestión oral de hongos. La beta-glucano quitina en el cuerpo del hongo contribuye a las náuseas más allá del efecto de la psilocibina en sí misma. El jengibre, el ayuno antes del uso y la preparación "lemon tek" (conversión de la psilocina antes de la ingestión) reducen todas las náuseas.	Less common than with mushroom ingestion. Liquid LSD and blotter paper do not carry the gastrointestinal content of the mushroom body.
Therapeutic evidence base.	More extensive than LSD as of 2026. Psilocybin has FDA Breakthrough Therapy designation for both major depressive disorder (MDD) and treatment-resistant depression (TRD). Phase 3 trials in MDD, TRD, OCD, alcohol use disorder, and anorexia nervosa. Approved in Oregon (Measure 109) and Colorado for supervised therapeutic use.	Less advanced clinical trial program. FDA Breakthrough Therapy designation not yet achieved as of 2026. Active trials for alcoholism and anxiety but smaller evidence base.

1.2 — The Mystical Experience: What Predicts Psilocybin's Therapeutic Outcomes

THE CENTURION — The Compendium Names It: Touching God → Experiencing Serotonin and Dopamine Flood Beyond Natural Parameters.

Il vocabolario preciso incluso nel compendio presenta il seguente quadro dell'esperienza psichedelica: "Contatto con Dio → Esperienza di un'ondata di serotonina e dopamina al di là dei parametri naturali." Per la psilocibina in particolare, la ricerca ha definito questa esperienza con una precisione insolita.

Studies at Johns Hopkins, NYU, and Imperial College London consistently find that the predictor of psilocybin's therapeutic outcome is the intensity of the mystical-

type experience produced during the session — measured by validated scales (the Mystical Experience Questionnaire, the Revised Mystical Experience Questionnaire) that assess:

- Oceanic boundlessness: the dissolution of the boundary between self and world; the sense of unity with all of existence.
- Noetic quality: the experience conveys genuine knowledge — a felt sense of having learned something real about the nature of things.
- Sacredness: the quality of the experience as holy, numinous, or transcendent.
- Profundamente positivo, no solo agradable sino profundamente significativo y lleno de alegría.
- Transcending time and space: the usual framework of experience is temporarily suspended.
- Ineffability: the experience is beyond adequate verbal description.

These dimensions – collectively known as the 'mystical experience' – predict remission of depression, cessation of addiction, reduction in anxiety, and increases in psychological well-being at a 3-month follow-up, with higher reliability than any other variable, including dosage. This is the empirical basis for the psychedelic therapy hypothesis: the mystical experience produces therapeutic change.

The recovery framework must hold this finding alongside the recovery challenge. The person who had profound, life-changing psilocybin experiences — and who developed a problematic relationship with them — encountered something real. The compendium's framing is exactly right: the serotonin flood was beyond natural parameters. The significance was the brain interpreting its own altered state. Both are true. The work of recovery is building direct access to the states those experiences pointed toward.

1.3 — The Dose Architecture

Dose category	Approximate dose.	Primary experience.	Recovery-relevant notes.
Microdosing.	0. 05–0.3g dried mushroom (approx 1–5mg psilocybin)	Sub-perceptual: no visual phenomena or altered state. Subtle mood enhancement, increased creativity, reduced rumination, possible anxiety reduction. Effects mostly felt the following day ('afterglow').	Distinct use pattern with distinct recovery considerations. See Section 4.4 (microdosing). Not associated with HPPD or psychosis at these doses. Can develop its own compulsive pattern.
Rendah / Sedang	1–2g dried mushroom (approx	Efeitos psicodélicos leves a moderados: aumento	The most common recreational dosage

	4–10mg psilocybin)	da percepção visual, elevação do humor, intensificação da música, leve dissolução do ego. A faixa de dosagem "social". Os efeitos são sentidos, mas a conexão com a realidade é mantida.	range. Less likely to produce the full "mystical" experience, but more manageable. The risk of HPPD is lower within this range. Integration work remains important.
Elevated / terapeutisk.	3–5g dried mushroom (approx 20–35mg psilocybin)	Strong to full psychedelic experience: significant ego dissolution, visual phenomena, DMN suppression, possible mystical experience. This is the therapeutic dose range — used in clinical trials at 25mg psilocybin.	The dose range most likely to produce both the therapeutic mystical experience AND the challenging difficult experience. Integration work is most critical here. HPPD risk increases. Psychosis risk most relevant. Requires appropriate setting and support.
Heroic / sangat tinggi	5g+ (Term used by Terence McKenna to describe a "heroic dose").	Complete ego dissolution; profound perceptual alterations; potential for both the most profound and most terrifying experiences available through psilocybin. Rarely used in a therapeutic context — clinical research uses 25mg of purified psilocybin.	The doses most associated with integration backlog, HPPD risk, and the psychological difficulties described in this guide. Not suitable for unsupported use.

1.4 — Why Psilocybin Use Becomes Problematic

Psilocybin does not produce physical dependence or withdrawal. It has essentially no dopaminergic reward mechanism (not a conventional addiction liability). Rapid tolerance (tachyphylaxis) prevents daily use from being pharmacologically rewarding. By every conventional addiction metric, psilocybin scores extremely low.

The problems that develop are:

Problem.	What it is.	Recovery response.
Integrazione fallita e arretrato.	Esperienze che arrivano più velocemente di quanto possano essere elaborate per diventare significato. Lo stesso accumulo documentato nella guida sull'LSD: materiale psicologico proveniente da molteplici	The integration toolkit from Section 5 of the LSD guide applies directly. Journaling during the afterglow window. Psychedelic-informed therapy. Contemplative community. The resolution of the backlog is the

	esperienze intense senza un tempo di elaborazione adeguato, il che crea instabilità, ansia e confusione.	primary psychological recovery target.
HPPD	Hallucinogen Persisting Perception Disorder — visual phenomena persisting beyond the session. Generally less common with psilocybin than LSD but documented with heavy use.	Psilocybin and cannabis cessation. The HPPD management protocol from the LSD guide, Section 4, applies. Most cases resolve with abstinence.
Psicologica dipendenza dallo stato alterato.	Un sentiment d'insuffisance après des expériences profondes répétées. Le monde "normal" semble étroit, gris ou dénué de sens par rapport à ce que la psylocibine a révélé. Ce n'est pas une envie physique, mais plutôt un malaise existentiel.	The natural access architecture from Section 6 of the LSD guide. Contemplative practice as the sustained path to the territory that psilocybin was providing brief access to.
Psychotic episodes can be triggered by various factors, including: * Substance abuse (e.g., stimulants, cannabis) * Certain medications * Sleep deprivation * Stressful life events * Underlying medical conditions (e.g., infections, autoimmune disorders) * Traumatic brain injury * Genetic predisposition	In susceptible individuals (those with a personal or family history of psychotic disorders), psilocybin can trigger psychotic episodes that persist even after the effects of the drug have worn off.	La gestione psichiatrica è prioritaria. L'assoluta controindicazione alla psilocibina negli individui predisposti alla psicosi si applica retrospettivamente: se la psicosi è stata scatenata, il trattamento clinico è la priorità immediata.
Mikrodosering, tvångstankar.	The microdosing practice — not associated with the above risks — can develop its own compulsive quality: inability to tolerate sober days, identity dependence on 'microdosing self,' escalation from sub-perceptual to perceptual doses. Less severe than the above categories but a genuine	Section 4.4 addresses microdosing specifically. The recovery involves establishing sober days, tolerating the normal state without the microdose, and determining whether the microdose was masking an underlying condition (such as depression or ADHD) that needs its own treatment.

	recovery challenge.	

1. 5 — The Cultural and Ceremonial Context

THE CENTURION — The Compendium calls it "active compound, not packaging" — but the packaging carries history.

Psilocybin mushrooms have been used ceremonially for at least 3,500 years—the Mazatec tradition of southern Mexico, the Aztec teonanácatl ('flesh of the gods'), and extensive archaeological evidence from cultures across Mesoamerica. The curandera María Sabina, who introduced Western researchers to the Mazatec mushroom ceremony in the 1950s, described the mushrooms as a language—'I communicate with the Principal Ones, the spirit doctors.'

This history matters for recovery in two ways. First, it provides the most sophisticated existing framework for holding difficult psychedelic experiences — the ceremonial container, the healer's presence, the ritual structure, the community holding. Many people who use psilocybin outside this container and encounter difficulties would have been better served by it. Second, it means that psilocybin recovery exists in a cultural conversation that includes not only clinical research and recreational use but indigenous knowledge systems that mainstream addiction medicine has largely not engaged.

The Recovery Kernel encompasses both: precise terminology (psilocin, 5-HT2A agonism, DMN suppression, integration failure) and recognition that these concepts have been understood through traditions predating modern clinical psychiatry by thousands of years. Recovery can benefit from both perspectives.

Section 2 — Your Genomic Blueprint

Psilocybin's pharmacogenomic profile is simpler than LSD's in one important respect: no CYP450 enzymes are significantly involved. Psilocybin is dephosphorylated to psilocin by alkaline phosphatases — a non-genetic metabolic step that does not produce the dramatic individual variation that CYP2D6 produces for DXM or CYP3A4 produces for fentanyl.

Gene	What it controls.	Key variant.	Psilocibina, recuperação e relevância.
HTR2A	5-HT2A serotonin receptor — psilocin's primary target.	rs6313, rs6311, rs7997012 — variants affecting receptor expression and sensitivity.	The primary pharmacogenomic gene for psilocybin — same as for LSD. High-expression HTR2A variants produce more intense psilocybin experiences at the same dose. This explains why some people find even moderate doses overwhelming while others require higher doses for comparable depth. Higher HTR2A expression also likely increases HPPD risk with frequent use. The 'sensitivity' to psilocybin that some people report is largely HTR2A.
SLC6A4 / 5-HTTLPR	Serotonin transporter — expression level affects the serotonin system environment in which psilocin acts.	Short/short (S/S) allele — reduced SERT expression.	Unlike MDMA (which floods SERT) or DXM (which inhibits SERT), psilocin does not primarily act on serotonin transporters. However, the serotonergic environment — the baseline serotonin tone determined by SERT expression — affects the context in which 5-HT2A agonism occurs. S/S carriers with lower baseline serotonin may experience psilocybin's serotonergic effects differently — potentially more intense emotional content. Also relevant to the underlying depression or anxiety that may have driven psilocybin use.
COMT	Dopaminergia och stresskemikalier påverkar även HPA-axeln under påverkan av psilocybin.	Val158Met (rs4680)	Met/Met (Sage, slow COMT) — same psychosis-adjacent risk as in the LSD guide. The Sage constitution under psilocybin's profound experiential load, particularly at high doses, faces higher risk of destabilizing experiences. COMT Met/Met in combination with family history of psychotic disorders is the specific vulnerability profile. Recovery for

			Sage COMT: anxiety management is the concurrent primary target, and contemplative practice before the next psilocybin encounter (if considering therapeutic use) is the preparation recommended.
MTHFR	Metilazione: base per la sintesi della serotonina.	C677T (rs1801133), A1298C (rs1801131)	MTHFR variants reduce serotonin synthesis capacity — the very system that psilocybin was flooding. This creates the same deficit-seeking pattern as with MDMA: the person whose baseline serotonin is impaired by MTHFR variants finds in psilocybin's 5-HT2A activation a resolution of a chronic biological insufficiency. 5-MTHF supplementation addresses the baseline deficit and is often transformative for the depression or anxiety that drove psilocybin use.
BDNF Val66Met	Brain-derived neurotrophic factor — psilocybin's neuroplastic mechanism.	Val66Met (rs6265) — L'allele Met riduce la secrezione di BDNF.	Psilocibina's therapeutic mechanism includes significant BDNF upregulation — the same neuroplastic effect that produces the 'afterglow' period of cognitive flexibility and the sustained antidepressant effects documented in trials. Individuals with the Met allele may have reduced BDNF secretion, potentially experiencing less robust or shorter-lasting neuroplastic effects from psilocybin sessions. Exercise (the primary natural BDNF driver) is particularly important for individuals with the Met allele during the integration period after psilocybin — supporting the neuroplastic window that the experience opened.

Fenotipificación sin pruebas.

- Did psilocybin consistently produce more intense experiences than other substances at the same dose? → High-expression HTR2A variant. Dose sensitivity is the key factor.
- L'esperienza era principalmente travolgente dal punto di vista emotivo piuttosto che visivo? → L'intensità emotiva della psilocibina è in parte una caratteristica, non un'anomalia, ma un contenuto emotivo eccessivo a dosi standard può riflettere la sensibilità dell'HTR2A insieme all'elevata attivazione di base del COMT.

- Did psilocybin seem to specifically address a chronic low mood or emotional flatness that nothing else touched? → MTHFR-variant serotonin deficit is likely. 5-MTHF is the direct address — often more effective than psilocybin's serotonin flooding for the daily emotional baseline.
- Hai sviluppato fenomeni visivi simili a quelli dell'HPPD? → Alta espressione di HTR2A + uso eccessivo. La sezione 4 della guida sull'LSD si applica direttamente.
- Did psilocybin seem to have very little effect at doses others found transformative? → Possibly low-expression HTR2A variant, or the serotonin system environment was different. SSRIs significantly reduce psilocybin's effects by downregulating 5-HT2A receptors.

Section 3 — The Recovery Framework

THE CENTURION — Similar to LSD, but with a shorter duration, a warmer sensation, and stronger clinical evidence supporting its intended effects.

La recuperación de la psilocibina es muy similar a la recuperación del LSD: no hay dependencia física, ni abstinencia, ni desintoxicación médica. Los desafíos son psicológicos: fallo en la integración, HPPD si está presente, dependencia psicológica de los estados alterados y la reorganización del significado que producen las experiencias repetidas con altas dosis de psilocibina.

The LSD guide's Section 3 ('The Recovery Framework') applies in full. Rather than duplicate it here, this guide notes the psilocybin-specific differences and additions.

3.1 — Differenze specifiche nel recupero da psilocibina rispetto all'LSD.

Variable	Psilocybin-specifische aantekeningen.	Recovery implication
Kortere ervaringduur → kortere "afterglow"-periode.	Psilocybin's 4–6 hour duration means the BDNF-enhanced neuroplastic afterglow window (optimal integration time) is also shorter — peaking in the 24–48 hours post-session rather than the 48–72 hours for LSD.	Journaling och aktivt integrationsarbete bör påbörjas så snart som möjligt efter sessionen – helst inom några timmar, medan materialet fortfarande är tillgängligt. Tidsfönstret är kortare än med LSD.
More emotional content → different integration target.	Psilocybin experiences more often surface specific personal and relational material — memories, relationships, emotional patterns. The integration work is therefore often more psychotherapy-adjacent and less philosophical/cosmological than LSD integration.	A therapist (ideally psychedelic-informed) is a more central integration resource for psilocybin than for LSD. The specific emotional content that surfaced may be trauma-adjacent and may benefit from EMDR or somatic therapy specifically, not only journaling and contemplative practice.
The therapeutic context is more accessible.	Oregon and Colorado now have legal supervised psilocybin therapy. Licensed facilitators in the Netherlands (psilocybin truffles are legal) and retreat centers in Jamaica provide legal options. The therapeutic frame provides a container that can make psilocybin's effects safer	The person in psilocybin recovery who has depression, PTSD, OCD, or alcohol use disorder — conditions for which psilocybin therapy has emerging evidence — faces the same therapeutic psilocybin question as the ketamine and MDMA guides: the same compound

	and more intentional than recreational use.	that was problematic recreationally may be appropriate in a supervised therapeutic context. HPPD and psychosis history are contraindications regardless.
Species variability in mushroom potency.	Psilocybe cubensis är den vanligaste odlade arten. Psilocybe azurescens, Psilocybe semilanceata och Psilocybe cyanescens har betydligt högre potens per gram – 2–4 gånger mer psilocybinhalt. Potensen varierar också beroende på odlingsförhållanden, skördetid och förvaring. Till skillnad från farmaceutiskt psilocybin är inte innehållet av psilocybin i svampar standardiserat.	If integration failure occurred partly because doses were consistently higher than expected — species variability or a switch to a more potent species may explain the severity. Understanding this prevents self-blame for 'not handling it well' when the reality was significantly higher-than-expected doses.

3.2 — The Aftermath Timeline (psilocybin-specific adjustments to the LSD timeline)

- Days 1–3: The afterglow and its management. BDNF is elevated. The integration window is active. Prioritize journaling, therapy, and reflective practices during this period. Avoid high-sensory inputs, demanding social situations, and anything that moves attention away from the integration material.
- Week 1: HPPD assessment if relevant. Sleep monitoring — psilocybin can significantly disrupt sleep patterns in the days following high-dose sessions. The sleep protocol from Section 4 applies.
- Weeks 2–8: The integration work is the primary recovery activity. Psychedelic-informed therapy if possible. Community support. The HPPD management protocol if persistent visual phenomena are present.
- Months 1–6: 5-HT2A receptor density recovering. HPPD resolving for most. Contemplative practice deepening. The meaning that psilocybin opened is beginning to metabolize into genuine life wisdom.

Section 4 — Biological Reconstruction

La ricostruzione biologica del recupero da psilocibina è simile al recupero da LSD: non è necessaria la terapia di sostituzione assistita da farmaci (MAT), non c'è dipendenza fisica da trattare; l'attenzione principale è il supporto al ripristino del sistema recettoriale 5-HT2A, alle basi della sintesi della serotonina e alla neuroplasticità che gli effetti del BDNF della psilocibina hanno reso possibili.

4.1 — The Methylation Foundation

- 5-MTHF (400–1000 mcg in the morning): supports serotonin synthesis – providing a similar foundation to MDMA recovery, as the serotonin system affected by psilocybin is also supported by methylation in its synthesis.
- Methylcobalamin (1000–2000mcg sublingually, in the morning): Vitamin B12 to support the methylation cycle.
- P5P (25–50mg morning): cofactor for serotonin synthesis enzymes.
- Magnesium glycinate (400–600mg morning and evening): supports serotonin receptor function; reduces anxiety during the integration period.

4.2 — Serotonin System Support

⚠ WAIT 3–5 DAYS AFTER ANY PSILOCYBIN SESSION BEFORE ADDING 5-HTP — ALLOW THE 5-HT2A RECEPTOR SYSTEM TO COMPLETE ITS NATURAL RECOVERY FROM THE SESSION'S AGONISM BEFORE ADDING SEROTONIN PRECURSOR. THIS IS THE SAME CAUTION AS IN THE MDMA AND DXM GUIDES.

- 5-HTP (50–100mg in the evening, starting on day 3–5): a serotonin precursor that supports the recovery of the 5-HT2A receptor environment. Taking it in the evening helps with sleep by supporting melatonin production.
- Inositol (4–8g daily): Modulates 5-HT2A receptor sensitivity; anti-anxiety effects; addresses the social anxiety aspect of psilocybin use.
- Omega-3 DHA + EPA (2–4g daily): supports neuronal membranes and the 5-HT2A receptor environment; has anti-inflammatory effects.
- EGCG (400–800mg morning): provides the same neuroprotective effects as in MDMA recovery, offering antioxidant protection for the serotonin receptor system during recovery from repeated 5-HT2A activation.

4.3 — Maximisation du BDNF : La fenêtre de la neuroplasticité.

THE CENTURION — Psilocibin ha aperto una finestra. L'esercizio fisico e l'integrazione la attraversano.

Psilocybin's BDNF upregulation — documented in both animal models and human neuroimaging studies — creates a period of enhanced neuroplasticity in the days following a session. This is the mechanism of psilocybin's antidepressant effects: new neural pathways can form more readily during this window, and those pathways can represent healthier cognitive and emotional patterns. The compendium's lion's mane and BDNF stack is directly relevant here — supporting the neuroplastic window that psilocybin opened with additional BDNF support.

- Vigorous exercise (daily, 30–45 minutes): the primary natural BDNF driver – most powerful in the 48 hours after a psilocybin session. The neuroplastic effects are additive.
- Lion's Mane mushroom (500–3000mg daily): The compendium specifically names Lion's Mane as stimulating NGF and BDNF with 'good clinical evidence.' During psilocybin recovery — particularly in the integration period — Lion's Mane supports the neuroplastic growth that psilocybin's BDNF activation opened.
- Optimisation du sommeil : La synthèse de la BDNF est maximale pendant le sommeil profond (N3, sommeil à ondes lentes). Les troubles du sommeil pendant la période post-entraînement interfèrent avec la synthèse de la BDNF. Le protocole de sommeil décrit dans le guide LSD, section 3.2, s'applique.
- NAC (600mg morning and evening): glutathione support; anti-neuroinflammatory; some BDNF-supporting properties.

4.4 — Microdosing: The Distinct Recovery Challenge

THE CENTURION — L'uso sub-percettivo può comunque sviluppare il proprio schema di compulsione.

Microdosing psilocybin (0.05–0.3g, typically 1–3 days per week following various protocols) is a distinct practice that does not produce the acute HPPD, integration, or psychosis risks of higher doses. It has genuine evidence for mood enhancement, creativity, and ADHD-adjacent benefits. It is also not without its own recovery challenges.

Microdosing recovery challenge.	What it is.	Recovery response.
Intoleranz gegenüber nüchternen Tagen.	Incapacidade de tolerar os dias sem o uso da substância — a consciência normal parece	Planned sober periods extending gradually. 5-MTHF and exercise as the biological

	insuficiente, "apagada" ou desagradável sem a microdose. O estado sóbrio se torna algo indesejável devido ao contraste com o estado induzido pela microdose.	sober-state support. Treat the intolerance of the ordinary state as the primary recovery target — the microdose is symptomatic of a baseline that needs support through other means.
Dose escalation.	The microdose gradually increases, moving from a level that's below what you can consciously notice to a level where you *can* perceive it. As your body gets used to it (tolerance), you'll need higher doses to get the same feeling.	If doses have escalated to where effects are consistently perceptual, this is no longer microdosing — it is low-dose recreational use with a different name. The full psilocybin recovery framework applies.
Masked underlying condition.	Microdosing can be used to manage depression, ADHD, or anxiety, but it's important that any underlying conditions are properly diagnosed and treated. Otherwise, a person may become dependent on the microdose for their daily functioning.	Valutazione e trattamento delle condizioni preesistenti sono la priorità. Variante MTHFR → 5-MTHF. ADHD → trattamento non stimolante appropriato. Depressione → valutazione psichiatrica. Questi interventi affrontano la condizione che la microdose stava gestendo.

Section 5 — The Integration Work

THE CENTURION — Psilocibina habla a través de las emociones. La integración es aprender a escucharla.

The LSD guide's Section 5 covers integration comprehensively — journaling during the afterglow window, psychedelic-informed therapy, community with others doing similar work, contemplative practice, somatic work, creative expression, and the long arc of the meaning crisis. All of it applies to psilocybin.

The psilocybin-specific addition: because psilocybin experiences tend to surface more emotionally specific and relationally concrete material than LSD — specific people, specific memories, specific emotional patterns — the integration work for psilocybin often has a more psychotherapy-specific character. Where LSD integration might involve philosophical and cosmological meaning-making, psilocybin integration often involves more personal grief work, relational healing, and the processing of specific emotional content that the experience surfaced.

5.1 — The Psilocybin-Specific Integration Toolkit.

- Journaling subito dopo la sessione: entro 2-4 ore dalla conclusione della sessione, prima di andare a dormire. Non interpretazione: descrivere innanzitutto. Le immagini specifiche, le sensazioni e i contenuti emotivi che sono emersi. La registrazione in questo lasso di tempo cattura materiale che svanisce rapidamente.
- Body-based integration: somatic experiencing, yoga, dance, or any embodied practice that processes the physical-emotional residue. Psilocybin experiences leave somatic traces — the body holds what the mind has not yet metabolized. Body-based integration is more specifically important for psilocybin than for LSD.
- A psychedelic-informed therapist: a therapist who understands psilocybin phenomenology specifically — its emotional surfacing quality, its relational content, its connection to grief and trauma — is a more targeted resource than a general therapist.
- Community integration circles: groups specifically for psychedelic integration provide both peer understanding and a structure for the meaning-making conversation that individual journaling cannot fully accomplish.
- The Mazatec/indigenous tradition as a framework: For those drawn to the cultural context, the indigenous ceremonial traditions that have held psilocybin experiences for millennia provide both practical container frameworks (the role of the healer, the ceremonial context, the communal structure) and philosophical frameworks for the cosmological dimensions that psilocybin experiences often include.

5.2 — The Emotional Content Protocol

Quando la psilocibina porta alla luce materiale emotivo specifico—dolore, ferite relazionali, schemi familiari, ricordi traumatici—questo materiale non viene risolto durante la seduta. La seduta lo rende evidente. L'integrazione è ciò che porta alla risoluzione.

1. Emotional content should be named specifically, for example: "I saw my relationship with my father as a pattern of seeking approval I never received, and I grieved it." This level of detail transforms the experience from a vague feeling into something concrete and understandable.
2. Psilocibina spesso riflette emozioni che sono legate a qualcosa di reale: una relazione, una convinzione o un modello comportamentale. L'integrazione consiste nell'identificare a cosa si riferisce.
3. Agissez en fonction de ce que l'expérience a révélé : si l'expérience a mis en évidence un besoin de renouer avec un membre de la famille, reconnectez-vous. Si elle a fait ressortir un sentiment de deuil lié à une perte, exprimez votre chagrin avec le soutien nécessaire. Si elle a révélé une vocation créative qui a été ignorée, commencez à l'explorer. L'expérience n'est pas complète tant qu'elle n'a pas entraîné un changement dans la vie.
4. Bring the material to therapy: the specific content is therapy material. A skilled therapist can help process what the experience brought up, in ways that journaling alone cannot achieve.

Section 6 — Building Natural Access to What Psilocybin Provided.

THE CENTURION — L'esperienza mistica è replicabile — attraverso i percorsi che le tradizioni hanno costruito.

The research finding that the mystical experience predicts therapeutic outcomes is not merely a clinical curiosity — it is a map. It names the destination: oceanic boundlessness, noetic quality, sacredness, deeply felt positive mood, transcendence of time and space. And every major contemplative tradition has built roads to this destination that do not require pharmacological assistance.

The same natural access architecture from the LSD guide applies here: meditation for DMN suppression and ego dissolution, awe in nature for the vast significance, creative flow for pattern recognition, contemplative tradition for the sustained path. The psilocybin-specific addition is the emotional and relational dimension: psilocybin's particular gift is the opening of emotional contact — with one's own feelings, with other people, with the grief and love that ordinary self-consciousness protects against. Building this access through non-chemical means requires practices that specifically support emotional openness.

What psilocybin provided	Mecanismo natural.	Practice.	Psilocybin-specifische aantekeningen.
Oceanic boundlessness — ego dissolution, unity experience.	Deep meditation (jhana states); sustained holotropic breathwork.	Quotidienne pratique de méditation – au moins 20 minutes. Pratique systématique telle que la Vipassana ou une technique similaire. Exercices de respiration holotropique occasionnellement, avec un guide.	The ego dissolution of psilocybin — the dissolution of the ordinary self-referential boundaries — is accessible through sustained meditation practice. The jhana states (absorption states in Buddhist practice) specifically produce the oceanic quality documented in the Mystical Experience Questionnaire. Psilocybin provides rapid, ungated access to this state. Meditation builds the path on foot.
Contatto emotivo: apertura al dolore, all'amore, alla bellezza.	Sicherheitsrisiko mit vertrauenswürdigen Personen; therapeutische Beziehungen; echte Gemeinschaf	Scheduled vulnerability practice: deliberate, authentic disclosure in safe relationships. Therapy. A community that supports emotional honesty. Grief rituals.	Psilocybin's specific gift is the removal of the ordinary defensive emotional structure — allowing grief to be fully felt, love to be fully expressed, beauty to land fully. Building this capacity without psilocybin requires practicing vulnerability in contexts where it is safe to do so. This is the most specific and

	t.		most personally demanding natural porting task for psilocybin recovery.
Noetic quality — the felt sense of genuine insight.	Deep contemplative inquiry; philosophical community; writing as thinking.	Sustained reading of depth (not content consumption). Philosophical and theological community. Writing as a practice of genuine inquiry rather than expression.	The noetic quality of the mystical experience — the sense that the experience conveyed real knowledge — is accessible through sustained contemplative inquiry. The questions that psilocybin opened are genuine questions. They belong in the philosophical and theological traditions that have been asking them for millennia. These traditions have tools for holding the questions that psilocybin encounters may have not yet provided.
Enhanced sensory beauty — music, nature, art.	Deliberate aesthetic engagement; active listening; immersive nature.	Active music listening (not background). Extended time in nature. Repeated engagement with high-quality visual art. Concert attendance. The practices of genuine aesthetic encounter.	Psilocybin dramatically enhances the perception of beauty — music sounds more profound, nature more vivid, art more resonant. This enhancement is partly due to DMN suppression (allowing sensory information to reach consciousness more fully without the ordinary filtering) and partly due to the serotonin receptor activation's effects on the sensory cortex. Accessing beauty while sober requires the deliberate removal of the ordinary filtering through attentive practice.

Section 7 — The Therapeutic Psilocybin Question

THE CENTURION — The Same Molecule, A Different Container, A Different Question.

Psilocybin-assisted therapy is the most clinically advanced therapeutic psychedelic framework as of 2026. Oregon Measure 109 created a regulated facilitator-licensed therapeutic psilocybin service framework. Colorado's Proposition 122 expanded access further. Retreat centers in Jamaica (legal) and the Netherlands (psilocybin truffles legal) provide additional access. MAPS-adjacent therapeutic protocols are available in clinical trial contexts.

A person with a history of psilocybin use disorder, and who also experiences depression, PTSD, OCD, or alcohol use disorder for which psilocybin therapy has evidence, faces the most nuanced question in this guide series: can the molecule that was problematic recreationally be appropriate in a therapeutic context?

Considerazioni a supporto dell'accesso terapeutico alla psilocibina: * **Potenziale per trattare condizioni di salute mentale resistenti ai trattamenti esistenti.** * **Evidenza preclinica e clinica emergente che supporta l'efficacia e la sicurezza della psilocibina in determinate applicazioni mediche.** * **Possibilità di fornire un nuovo approccio terapeutico per i pazienti che non hanno risposto ad altre opzioni di trattamento.** * **Potenziale per migliorare la qualità della vita dei pazienti affetti da disturbi mentali debilitanti.** * **Opportunità di promuovere la ricerca e l'innovazione nel campo della salute mentale.** **È importante notare che l'accesso terapeutico alla psilocibina è ancora un argomento in evoluzione e sono necessarie ulteriori ricerche per comprendere appieno i suoi benefici e rischi potenziali.**	**Considerazioni che richiedono cautela.**
Psilocybin therapy involves infrequent sessions (1–3 sessions during a treatment period) and takes place in supervised environments—this differs from the	HPPD contraindication: An existing case of HPPD is an absolute contraindication. Further 5-HT2A stimulation will worsen the condition, regardless of the therapeutic

repeated, uncontrolled use that leads to substance use disorders. The risk of relapse into substance use disorder patterns is lower compared to more frequent exposure.	context.
The therapeutic evidence for the conditions that drove the psilocybin use is strong. A person who used psilocybin to manage severe depression — and whose psilocybin use became problematic because they were trying to solve an inadequately treated condition — may be the ideal candidate for supervised psilocybin therapy with proper preparation and integration support.	Antecedentes de psicosis: Si la psilocibina ha provocado previamente síntomas psicóticos, la terapia con psilocibina está contraindicada. Los beneficios clínicos no pueden superar la vulnerabilidad individual documentada.
The support systems available in therapeutic settings (such as trained facilitators, preparatory sessions, and integration sessions) significantly decrease the risk of negative outcomes associated with recreational use.	COMT Met/Met + psychosis family history: the highest-risk constitutional profile. A comprehensive risk assessment is required before considering any therapeutic psilocybin.
En proporcionar al equipo terapéutico una información completa sobre el historial de trastornos por consumo es tanto un requisito ético como una necesidad clínica; esto afecta la preparación, el seguimiento y el plan de integración.	I modelli di disturbo da uso: la persona il cui uso problematico di psilocibina ha comportato ricerca compulsiva, dosi crescenti ed evitamento dell'integrazione potrebbe riscontrare che questi schemi vengono attivati durante le sedute terapeutiche. Il monitoraggio esplicito di questi schemi fa parte del contratto terapeutico.

The Recovery Kernel's position: Therapeutic psilocybin in the context of psilocybin use disorder history is a clinical decision requiring collaboration between an addiction medicine specialist, the therapeutic psilocybin facilitator, and a psychiatrist familiar with both psychedelic medicine and addiction. Full disclosure. HPPD and psychosis clearance. An integration plan that specifically addresses the use disorder patterns. This is not a categorical exclusion — it is a categorical requirement for specificity.

Section 8 — Navigating the Recovery Kernel: Your Protocol Map.

Fase.	* [ ] Computer with internet access * [ ] Phone * [ ] Email account * [ ] Social media accounts * [ ] Microsoft Office Suite or equivalent * [ ] Video conferencing software (e.g., Zoom, Microsoft Teams) * [ ] Project management software (e.g., Asana, Trello) * [ ] Communication tools (e.g., Slack, Microsoft Teams) * [ ] Data analysis tools (e.g., Excel, Tableau) * [ ] Presentation software (e.g., PowerPoint, Google	Focus.	Psilocybin-specifische aantekeningen.

	Slides)		
Cessation and stabilisation (Weeks 1–4)	Section 4 of this guide; sleep protocol; LSD guide Section 3.	5-MTHF, magnesium, DHA, lion's mane; sleep; cannabis cessation; HPPD monitoring.	Cannabis cessation simultaneously — the primary HPPD exacerbant. Sleep protocol immediately. 5-MTHF from Day 1. 5-HTP begins Day 3–5. The biological foundation is simpler than most guides in this series because there is no physical dependence to manage.
Integration Sprint (Weeks 1–8)	Journaling; psychedelic-informed therapist; community; somatic work.	Verwerken van opgebouwde ervaringen; oplossen van achterstanden bij de integratie; emotionele aspecten worden behandeld tijdens therapie.	This is the most psilocybin-specific recovery phase. The integration backlog—the psychological material from multiple sessions that has not been processed—is the primary focus of recovery. A therapist trained in psychedelic therapy is the most valuable resource during this period.
HPPD Management (if present, Weeks 1–12)	Section 4: If experiencing severe effects, seek medical attention.	Cannabis cessation; antioxidant stack; anxiety management; clonazepam or lamotrigine if clinically indicated.	Most psilocybin-associated HPPD resolves within weeks to months of cessation and cannabis cessation. The LSD guide's HPPD section applies without modification.
Underlying Condition Treatment (Weeks 2–12)	Psykiatri; börja med 5-MTHF; terapi.	Depression, anxiety, and PTSD – the conditions that psilocybin was being used to manage – should receive appropriate clinical treatment.	5-MTHF should be considered before starting SSRIs for individuals who carry the MTHFR variant. Therapeutic psilocybin may be an appropriate option for certain conditions within this population—refer to Section 7 for details.
Natural Access Architecture (Months 1–12)	Daily meditation; vigorous exercise; BDNF stack; contemplative tradition; emotional vulnerability practice.	Creating long-lasting, non-drug alternatives to the effects of psilocybin.	The natural access architecture for psilocybin recovery has a specific emotional dimension — practices that build the capacity for emotional openness, genuine contact with grief and beauty, and the vulnerability that psilocybin was pharmacologically enabling. This is the most personally demanding aspect and the one that most fully provides what psilocybin was pointing toward.
Contemplative Long Game (Year 1+)	Contemplative tradition; community; creative practice; service.	The intended effect of psilocybin use was achieved through careful experimentation and consistent effort.	The person at one year of integrated psilocybin recovery who has a daily meditation practice, a contemplative community, a creative practice, and the hard-won capacity for emotional openness

			without chemical assistance has built what psilocybin was borrowing. The mystical experience that predicted therapeutic outcomes in clinical trials is becoming accessible through earned means.

A Final Word.

THE CENTURION — The mushroom was showing you something. Recovery is learning to see it without help.

The compendium's precision is exact and honest: 'Shrooms, Magic Mushrooms → Psilocybin. Active compound, not the packaging.' The packaging — the ceremony, the chocolate, the spore print, the tradition, the friend's backpack — is the delivery system. Psilocybin is the compound. And psilocybin does something specific: it temporarily suppresses the prefrontal apparatus that generates the ordinary self, activates the serotonin receptor system beyond its natural parameters, and produces in the space that opens a specific quality of experience that the research has operationalized as the mystical experience — oceanic boundlessness, noetic quality, sacredness, the felt sense that something real was. encountered.

The question that recovery must answer is not whether what was encountered was real. Something was encountered. The experience was real. What remains to be answered is what it was pointing toward — and whether direct, sustained access to that territory is possible through means the nervous system actually owns.

The contemplative traditions have been answering yes for millennia. The meditator who reaches jhana, the Sufi who achieves hal, the Christian mystic in the apophatic encounter, the Zen practitioner in the moment of kensho — all are in territory that psilocybin was providing rapid, ungated, unsupported access to. The access was real. The territory was real. What was absent was the preparation, the container, the community, and the integration — the infrastructure that makes the territory navigable rather than merely visited.

Recovery is building that infrastructure. Daily practice. Contemplative community. The specific practices that build emotional openness — the vulnerability, the grief, the full encounter with beauty — that psilocybin was pharmacologically enabling. The BDNF that exercise drives to support the neuroplastic window. The 5-MTHF that addresses the serotonin synthesis deficit the experiences were temporarily flooding past.

The mushroom was showing you something. The something is real. Recovery is learning to see it without help — slowly, through practice, through earned access, through a nervous system that is gradually becoming capable of what the psilocybin was briefly demonstrating was possible.

What was briefly possible is permanently available. It always was. The practice builds the road.

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Refer to the Recovery Kernel Complete Centurion Compendium and the LSD Guide for all referenced protocols.

Crisis: call or text 988 | Emergency: 911 | SAMHSA: 1-800-662-4357